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7590

05/19/2005

**BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP**  
**12400 Wilshire Boulevard, Seventh Floor**  
**Los Angeles, CA 90025**

08/23/2005 MBELETE2 00000003 09685406

01 FC:2501 700.00 OP  
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<i>Kuniko Alexander</i>	(Depositor's name)
<i>Kuniko Alexander</i>	(Signature)
8/17/05	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/685,406	10/09/2000	Jin-Hak Bae	51876.P201	6028

TITLE OF INVENTION: SYSTEM AND METHOD FOR COOPERATIVE EDITING OF WEB DOCUMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	08/19/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
LUDWIG, MATTHEW J	2178	707-530000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

*BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN*

1 \_\_\_\_\_

2 \_\_\_\_\_

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**ELECTRONICS AND TELECOMMUNICATIONS RESEARCH INSTITUTE** **REPUBLIC OF KOREA**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-111111 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date

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